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**OAU CONFERENCE OF AFRICAN  
MINISTERS OF HEALTH**  
Sixth Ordinary Session  
17 - 21 October 1999  
Cairo, Egypt

**CAMH/17 (VI)**

**TOWARDS AN AFRICAN PLAN OF ACTION FOR THE  
PRODUCTION AND COOPERATIVE USE OF AVAILABLE  
HEALTH MANPOWER**

## Executive Summary

The improvement of health systems and health services in Africa continues to suffer from constraints in the development of human resources for health. There are continued gaps between ongoing reforms in the health sector and the management of human resources for health. The main issues that have been identified through consultations with the countries include: a lack of integration and consistency between human resources for health (HRH) policies and implementation and that of the health sector as a whole; poor numerical, spacial and qualitative distribution of health personnel in the public and private sectors; mismatch between the training of health personnel and the health needs of the population; inability to retain and optimally use existing health personnel resulting in migration from the health sector or to other countries; investments in training at the national level and within disease programmes that do not meet the national needs.

To tackle these complex issues requires the involvement of all the relevant key players in the country and collaboration between countries. To be successful, the political leadership must create an enabling environment. Six principal thrusts which provide a sound basis for the development of human resources for health development strategies have been identified in the Report of the WHO Regional Director for Africa to the forty-eight session of the Regional Committee:

- a policy framework, in other words the commitment of decision makers and health officials to consider the development of human resources for health as a necessary condition for achieving the objectives of the national health policy;
- planning of human resources for health development based on three elements: the environment and its trends; the needs and aspirations of the population; employees' expectations;
- training and education of quality health personnel based on needs, the absorption capacity of the sector and job profiles;
- creation, administration and management of working and living conditions that enhance the satisfaction of both the users and personnel;
- research in key fields of human resources for health development with a view to clarifying the choices of policy makers and health officials;
- regulation of the medical profession in order to protect communities against risks and professional malpractice.

### **It is recommended that:**

- Each country prepares a realistic plan for the development of human resources for health. The plan should incorporate all internal inputs and clearly define the roles of institutions and the different actors. A national advisory committee should be created to guide the development of the plan. The plan should form the basis for negotiations of external bilateral and multilateral support.
- Each country assess its HRD capacity in policy and planning and develop a strategy for capacity building in these areas.
- Mechanisms for discussing and developing opportunities for collaboration between countries be established at a high level. Potential areas for cooperation would include: the use of regional training centres; the systematic sharing of human resources for health and health sector reform experiences; the sharing of expertise in human resources for health development; agreements on the movement of health personnel, etc.
- The OAU establish a task force or a body within the Ministerial Health Council to be an advocate for cooperation among countries and to place HRD on the human development agenda.
- The WHO Regional Offices for Africa and the Eastern Mediterranean Regions take the lead in providing coordination support and technical expertise for monitoring and evaluation of



## Introduction

"Health for all, through primary health care, proclaimed twenty years ago at the Alma-Ata Conference, will remain a major objective for the years and century to come. Among the many resources to be mobilized to this end, human resources constitute the most precious. Unfortunately, they have not always received the attention they deserve, hence the persisting significant gaps between ongoing reforms in the health sector and the management of human resources for health. It is, therefore, crucial that the changes taking place in the organization, functioning and financing of health care systems be accompanied by appropriate measures for developing both human resources for health and supporting institutions".<sup>1</sup>

This technical paper is based on data and information collected from all African countries (the forty-six countries in the WHO African Region and the four countries in the WHO Eastern Mediterranean Region - Egypt, Morocco, Sudan and Tunisia). A combination of surveys and consultative meetings was used to gather some of the relevant evidence.<sup>2</sup> The paper draws heavily from the Regional Strategy for the Development of Human Resources for Health - Report of the Regional Director and the Resolution AFR/RC/48/R3 which was adopted by the Regional Committee. The Regional Strategy Report and Resolution are attached as Reference Documents 1 and 2.

The Regional Strategy sets out the range of difficult issues that have been identified by the countries. They include: a lack of integration and consistency between human resources for health policies and implementation and that of the health sector as a whole; poor numerical, spacial and qualitative distribution of health personnel in the public and private sectors; mismatch between the training of health personnel and the health needs of the population; inability to retain and optimally use existing health personnel resulting in migration from the health sector or to other countries; investments in training at the national level and within disease programmes that do not meet the national needs.

One of the causes of these chronic problems has been a lack of realistic policies and plans developed with the input of key stakeholders. Interventions in HRH development, especially training, have been used that are compartmentalized (often supported by different bilateral agencies), isolated and uncoordinated. A new approach to human resources for health development that makes it an integral part of health sector reform activities and is more comprehensive in its application is being called for by countries.

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<sup>1</sup>World Health Organization, Regional Office for Africa, "Regional Strategy for the Development of Human Resources for Health" Report of the Regional Director -- Forty-eighth session, Harare, Zimbabwe, 31 August-4 September 1998.

<sup>2</sup>Intercountry consultations on the development of human resources for health were held in Accra, Ghana, 3-7 November 1997 for Anglophone African countries, in Lomé, Togo, 2-6 March 1998 for Francophone African countries and in Cairo, Egypt, 15-18 February 1999 for countries from the Eastern Mediterranean Region.



# Situation of Human Resources for Health in Africa

## Policy environment

The majority of African countries are engaged in reforms in all sectors of their economy. To varying degrees the reforms are being encouraged and supported by the international community. The pace of reform remains slow due to a number of epidemiological, social, economic and political factors. These factors have had a direct impact on health personnel. For example:

- Data from 38 African countries that responded to a questionnaire on human resources for health reported that their most important health problems were malaria, acute respiratory infectious diseases, diarrhoeal diseases, parasitic infections, tuberculosis and STD/HIV/AIDS. The demand for health care and health services, and health personnel to deliver them, remains very high;
- The socioeconomic crises of the 70's and 80's, in arresting economic growth and social progress, had serious repercussions on health services delivery, particularly on health personnel, whose training and recruitment were suspended in many African countries.

The importance of human resources in the implementation of health policy has not been well understood by policy makers and health officials. As a result, HRH policy has rarely been on the priority policy agenda. The Regional Strategy for Africa concludes that the "medical model" as the dominant health model continues to influence to a large extent the health and development policies related to human resources. There is continued pressure to allocate resources to urban hospitals and the doctors working in them, despite policies favouring primary health care and community based practices.

The intercountry consultations on the development of human resources for health revealed that the key actors involved (Ministries of Health and Education, Deans of professional schools, professional associations, etc.) are rarely involved in a coherent manner in the development of HRD policies and/ or implementation strategies. At the policy level there are few countries that have decision-making bodies where the Ministry of Health and Education can come together to develop policies that are consistent with the national health policy. In the majority of countries, two of the central problems in the recruitment, retention and productive employment of health workers are salary and working conditions. Despite this fact countries rarely include the labour minister in decisions concerning health personnel. Payment, pension, labour adjustment and labour investment policies will have an impact on health personnel.

Within the health sector a much closer involvement between the educators, Ministry of Health, health service managers and professional representative groups, including the labour unions, is critical to the design and implementation of HRH policies that will promote a country's health sector reform objectives. Mechanisms for involving the private sector in decisions about human resources must also be developed.

## Education and training

The education and training issues facing African countries are relatively similar. Although there are some very strong undergraduate and post graduate educational institutions, the common situations facing countries are: weak administrative and management structures, shortages of highly qualified teachers, and in some countries a shortage of suitable candidates to educate. There continues to be little collaboration between the ministries of health and education. This has resulted in a "surplus" of doctors in some countries (Egypt for example) and a shortage in others.

the strategies.

To effectively tackle human resources for health issues will demand commitment and cooperation within and across African countries.



Using the WHO-defined Regions as the unit of comparison, the African Region has an average of 20 physicians per 100 000 compared to 117 in the Americas, 85 in the Eastern Mediterranean, 38 in South East Asia and 115 in the Western Pacific. Although the magnitudes are different, the comparative ranking across the Regions has similar patterns for nurses and dentists.<sup>3</sup> Inadequate investment in education and/or inappropriate education and training are only two of the many factors that contribute to a shortage of health personnel. Institutions and qualified teachers for advanced preparation and specialty training are lacking in Africa, which can result in training taking place elsewhere, particularly in Europe and North America. This has contributed to brain drain as trainees often do not return to their countries. When they do return, the training they have received may not be consistent with the realities of the country, or resources may not be available to support the specialty areas. Migration out of the health sector or to other countries is a significant problem with complex determinants. These are discussed later in this paper.

The WHO Regional Director for Africa, in his Report to the Forty-eighth session of the Region Committee for Africa, reported with respect to education that "Initial and specialist training in the health sciences is still elitist and focussed on hospitals, despite the recognized reform needs or the reorientation of medical training and practice. Continuing training, virtually nonexistent in the private sector, is carried out almost exclusively with specific-disease control programmes or for the purpose of promoting specific drugs. These training efforts must necessarily be accompanied by an organizational change of the health system in order to have any chance of success. Conversely, isolated reforms without changes in the knowledge base of the personnel will stand little chance of success."<sup>4</sup>

As a priority, UNICEF and WHO should establish a joint working group to address the complex issues of education in the health sector, and specifically issues of brain drain.

### **The Management of Human Resources for Health**

All countries in Africa are faced with a set of seemingly intransigent and chronic problems in the management of health personnel. There continues to be imbalances in distribution with the majority of doctors, for example, located in urban areas. In Ghana it was reported that while 66% of the population live in rural areas, only 14% of general physicians work in rural settings. This pattern is common across Africa. Contributing to this problem are poor working and living conditions. Health personnel in rural areas often face very difficult living conditions, and lack the materials necessary to do their jobs. They face very poor housing and security problems, especially female personnel. Salaries are often not paid for weeks and even months. In many countries this is the case for all health personnel. Recent data also shows that many doctors and nurses are working in more than one job in order to earn a living wage. This results in conflicts of interest, lack of motivation of public sector employees and falling productivity. Very few countries have explicit and operational plans for career development. There is a critical need for career structures and planning, which will require a re-evaluation of the overall civil service structure in many countries.

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<sup>3</sup> *The World Health Report 1997. Conquering suffering Enriching humanity.* World Health Organization, Geneva, 1997. The ratio for dentists is 1 per 100 000 population in the South East Asia Region compared to 2 per 100 000 in the African Region.

<sup>4</sup> *Ibid* footnote 1



The above situation is aggravated by the shortage of well trained managers. There is a clear need for renewed emphasis on the training of managers in the health sector. This will require the strengthening of management training institutions and further development, adaptation and application of management tools. The improvement of performance management systems and personnel administration requires more careful attention to the causes of why systems have failed in the past. External incentives alone will not be sufficient to improve the situation. Appropriate policies with regulations to support them are needed to combat issues such as unfair practices in recruitment and posting.

Some countries in Africa engaged in health sector reform initiatives are in the process of decentralization. Human resources issues are rarely considered early in the debates. The following are some essential questions that need to be tackled in this context:

- How will the future role of central and local staff be defined?
- How will the human resources planning be done and what information will be required?
- How will salaries and benefits be determined and paid?
- Will continuing training be centralized or not?
- Who will be responsible for hiring and firing?
- What legal implications will decentralization have for the duties and rights of health workers and their representative bodies.<sup>5</sup>

To address these issues requires greater collaboration among different ministries, (health, finance, labour, local government and the civil service commission). Mechanisms to share information across countries at different stages of the reform process will also assist countries. Ghana and Uganda, for example, can provide different experiences with decentralization and initiatives to unlink health from the civil service.

Greater attention and resources also need to be directed towards the training of health professionals other than doctors. The demand for the services of nurses and midwives is increasing, not only in Africa but globally. Factors affecting this demand include changing disease patterns and demographic profiles resulting in greater demands for chronic care and home based care. There are shortages of nurses and midwives, often compounded by inappropriate use. Strategies and plans for more integration of nurses, midwives, doctors and other health care personnel into effective teams are critically required.<sup>6</sup>

### **Migration of health personnel**

The migration of health personnel has been a chronic problem for all countries in Africa. It is a global issue affected by a number of very complex factors which include: differential in wages between countries, working opportunities (relative shortages and surpluses), training opportunities, security and macroeconomic conditions. Adams and Kinnon<sup>7</sup> argue that the migration of health personnel can have significant impacts on equity, quality and the efficiency of health systems. It is clear that where the outflow of health professionals reduces access to

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<sup>5</sup> Kolchmainen-Aitken R-L. Decentralization and Human Resources: Implications and Impact. *Human Resources for Development Journal*, 2:1, January -April, 1998, p.13.

<sup>6</sup> Ibid Footnote 3

<sup>7</sup> Adams O, and Kinnon C. Health Economics Technical Briefing Note: Measuring trade liberalization against public health objectives: the case of health services; WHO December 1997

health services, both equity and quality are at risk. With respect to efficiency in the delivery of health services, the outflow of health personnel from a publicly subsidized system to other countries will mean a loss of investment to the producing country. This may be partially offset by remittances that migrant health workers send back to their home countries.

Liberalizing trade in health services will also have an impact on migration. The loss of health personnel from needy countries to wealthier ones is a serious problem which will be aggravated if barriers to this type of movement are reduced without an appropriate regulatory framework and/or improvement in pay and working conditions in the domestic health systems.

### **Strategies to Address the Human Resources for Health Issues In Africa**

The African Regional Strategy for the Development of Human Resources for Health (RSDHRH) provides a framework for action in Africa. It calls for the commitment of governments to make human resources for health one of their key priorities. The development of policies that are firmly grounded in the needs of the country and that recognize the vital role that different partners must play is a necessary condition for sustainable quality health systems and services. The six principal thrusts in the Strategy are as follows:

- a policy framework, in other words the commitment of decision makers and health officials to consider the development of human resources for health as a necessary condition for achieving the objectives of the national health policy;
- planning of human resources for health development based on three elements:
  - the environment and its trends;
  - the needs and aspirations of the population;
  - employees' expectations;
- training and education of quality health personnel based on needs, the absorption capacity of the sector and job profiles;
- creation, administration and management of working and living conditions that enhance the satisfaction of both the users and personnel;
- research in key fields of human resources for health development with a view to clarifying the choices of policy makers and health officials;
- regulation of the medical profession in order to protect communities against risks and professional malpractice.

These six principal thrusts present a sound basis upon which countries can strengthen their human resources for health.

Steps to be taken to accomplish this require:

- 1) concerted action in each country;
- 2) collaboration between countries;
- 3) coordination, monitoring and evaluation of progress.



The Strategy has been endorsed by the Ministers of Health in the WHO African Region. To realize the Strategy it is essential that political leaders create an enabling environment. The importance and advantage of having a politically-supported, publicly-debated Strategy to guide implementation cannot be emphasized enough.

The following are some concrete steps that can be taken:

1. Review of Public Sector Act's rules and regulations/better legal and regulatory framework:

- Unlinking of health services from the civil service
- Change of employment status
- New forms of career structure/mobility improvement
- Review of the limiting bureaucratic systems that frustrate health workers (bottlenecks)
- Change of conditions of work according to ILO standards and norms.

2. Review of organizational Structure:

- Unification of HRH Units with Personnel Units
- Creation of well structured HRH Units to effectively carry the human resources for health function, i.e. planning, production and management (day to day and strategic) of human resources

3. Financing:

- Allocation of budgets to enable countries and Ministries of Health to implement the Strategy. Countries should budget for the implementation and WHO, through its partners, will support countries' efforts. Political will is needed for adequate allocation of funds.

4. Monitoring:

- The creation of a National Advisory Committee, at country level, of all institutional actors to assist Ministries of Health to guide this coordinated reform of the system of health care and the development of human resources. The support of the highest decision makers is needed to examine progress and recommend future interventions. The National Advisory Committee should be given the mandate and powers to enable them to be effective.

**It is recommended that:**

- Each country prepares a realistic plan for the development of human resources for health. The plan should incorporate all internal inputs and clearly define the roles of institutions and the different actors. A national advisory committee should be created to guide the development of the plan. The plan should form the basis for negotiations of external bilateral and multilateral support.
- Each country assess its HRD capacity in policy and planning and develop a strategy for capacity building in these areas.
- Mechanisms for discussing and developing opportunities for collaboration between countries be established at a high level. Potential areas for cooperation would include: the use of

regional training centres; the systematic sharing of human resources for health and health sector reform experiences; the sharing of expertise in human resources for health development; agreements on the movement of health personnel, etc.

- The OAU establish a task force or a body within the Ministerial Health Council to be an advocate for cooperation among countries and to place HRD on the human development agenda.
- The WHO Regional Offices for Africa and the Eastern Mediterranean Regions take the lead in providing coordination support and technical expertise for monitoring and evaluation of the strategies.

**Human resources for health development is critical to human development in Africa. It is the concern of all countries.**

12 March 1999



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